

# Marmottes Sassièrè/ Marmots Sassièrè

Date: 28/06/2015 Time: 6h00 N° fiche/sheet: 334 Opérateur/ Handling: Odas N° individu: 1675 capture id: 956d


Territoire: E  
Territory

Recapture yes  no

Statut social Dominant  Sub  unknown

**Measures**

Masse corporelle / Body mass (g)	<u>360</u>
L. mandibule / Jaw (mm)	<u>44.28</u>
L. Patte ant. / Forefoot (mm)	<u>38.18</u>
L. Cubitus / Ulna (mm)	<u>42.00</u>
L. Patte post. / Hindfoot (mm)	<u>56.20</u>
L. Tibia (mm)	<u>51.80</u>
L. TC / Body length (cm)	<u>20.5</u>
Larg. Tête zygomatique / Zygomatic width (mm)	<u>40.13</u>
Larg. Bassin / Basin width (mm)	<u>27.90</u>
Dist. Ano-Génitale (cm) (marmotton/pup only)	<u>9.82</u>

Transpondeur  956000003009524

Metal n° 0864 Oreille / ear OD Paint

Plastic n° / Oreille / ear / color /






Implant yes  no


Age 0 Marmotton  Pup 2 ans  2 years old  
1 an  Yearling ≥ 3 ans  ≥ 3 y

Statut Repro Male  Scrotal yes  no  unknown

Female  Allaitante yes  Lactating no  unknown  Gestante yes  Pregnant no  unknown

**Echantillons / Samples : nbr + étiquette / label**

Feces	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Eurytic	<input type="checkbox"/>	<u>1,26 x 10<sup>6</sup></u>
Poils / Hair	<input type="checkbox"/>	<input type="checkbox"/>	Leucotic	<input type="checkbox"/>	<u>8,21 x 10<sup>5</sup></u>
Biopsy	<input type="checkbox"/>		Hematocyte	<input type="checkbox"/>	<u>1</u>
TV / Green tube	<input type="checkbox"/>		Jugal	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TR / Red tube	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bucal	<input type="checkbox"/>	<u>1/2</u> 
Frotti / Blood smear	<input type="checkbox"/>		Anal	<input type="checkbox"/>	<u>1</u> 

Hemato TV extract: nb: 1  TR extract: nb: / Htot: 30,28 Hematie: 13,91

Remarques / remarks

Extraction GB   Stress

<b>Action</b> pose <input type="checkbox"/> dépose <input type="checkbox"/> H début/start: _____	<b>Implantation id:</b> intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> H fin/end: _____	<b>Position:</b> Abdo <input type="checkbox"/> cou <input type="checkbox"/>	<b>Implant id:</b> n° _____	<b>Type implant:</b> vienne <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
<b>Comments:</b>				
<b>Action</b> pose <input type="checkbox"/> dépose <input type="checkbox"/> H début/start: _____	<b>Implantation id:</b> intra-abdo <input type="checkbox"/> ss-cut <input type="checkbox"/> H fin/end: _____	<b>Position:</b> Abdo <input type="checkbox"/> cou <input type="checkbox"/>	<b>Implant id:</b> n° _____	<b>Type implant:</b> vienne <input type="checkbox"/> ibutton <input type="checkbox"/> starr-oddi S <input type="checkbox"/> starr-oddi L <input type="checkbox"/>
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<b>Comments:</b>				

**Surgery**

Début: \_\_\_\_\_

Fin: \_\_\_\_\_

Injection: \_\_\_\_\_ H: \_\_\_\_\_

Injection: \_\_\_\_\_ H: \_\_\_\_\_

Anhest. Local (Lurocaïne): \_\_\_\_\_

Anti-infl (Metacam): \_\_\_\_\_ H: \_\_\_\_\_

Antibio (Baytril): \_\_\_\_\_ H: \_\_\_\_\_

**Desimplantation**

N° implant sous-cut: \_\_\_\_\_

N° implant Intra-abdo: \_\_\_\_\_

**Implantation**

N° implant Intra-abdo: \_\_\_\_\_

Autres: \_\_\_\_\_

**Stress** 524

PS1  *damp: 18:39*

Injection DM: Heure: 18:41 0.36      PS  2 Heure: 20:41

Injection ACTH: Heure: 20:41 9,110      PS  3 Heure: 21:41

PS  4 Heure: 22:41

**Comments:**